



1991 HCFA Statistics

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U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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Preface

This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs. The information presented was the most current available at the time of publication. Significant time lags may occur between the end of a data year and aggregation of data for that year.



The data are organized as follows:

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Providers/Suppliers

- During the early years of the Medicare program, the number of hospitals classified as short-stay was relatively stable, in the range of 6,100-6,200. However, during 1980, the number dropped below 6,100, and by January 1991, the number decreased to 5,549. This change is partially due to the reclassification of some short-stay hospitals to non-short-stay classification for Medicare reimbursement purposes.
- Until recently, the total number of Medicare certified beds in short-stay hospitals showed a steady increase from less than 800,000 at the beginning of the program and peaking at 1,025,000 in 1984-86. Since that time, the number has dropped to slightly more than 970,000.
- The number of psychiatric hospitals grew to about 400 by 1976, where it remained until the start of the prospective payment system (PPS) in 1983. Since that time, the number has grown to 674.
- At the end of fiscal year 1990, PPS covered 5,480 or 84 percent of all hospitals.
- The number of skilled nursing facilities (SNFs) increased rapidly during the 1960s, decreased during the first half of the 1970s, and has been increasing ever since, reaching about 9,000 by the beginning of 1991.
- After peaking in 1970, the number of home health agencies (HHAs) remained stable during most of the decade. The number of HHAs began to peak in 1978 and accelerated with the passage of the Omnibus Budget Reconciliation Act of 1980, which permitted the certification of proprietary HHAs in States not having licensure laws. By 1986, there were almost 6,000 participating facilities. Since that time, the number has decreased to 5,730.
- Independent laboratories increased 107 percent from 2,355 in January 1968 to 4,881 in January 1991.

Expenditures

- National health expenditures were \$51 billion in 1967, 6.3 percent of the gross national product (GNP). By 1991, expenditures are projected to reach \$738 billion, 13 percent of GNP.
- Public expenditures on health amounted to \$19 billion in 1967, 37 percent of total health expenditures. Public health expenditures are projected to reach \$317 billion in 1991, 43 percent of total health expenditures.
- Federal health expenditures increased from 23 percent of all health expenditures in 1967 (\$12 billion) to 29 percent in 1991 (\$216 billion).
- National health expenditures per person increased from \$247 in 1967 to \$2,817 in 1991.
- National health expenditures are projected to reach \$1,616 billion in the year 2000, representing 16 percent of the GNP.

Utilization of Medicare and Medicaid services

- Over 49 million persons will receive services paid by Medicare or Medicaid in fiscal year 1991.
- One out of five, or nearly 11 million persons, will use inpatient hospital services covered by Medicare or Medicaid this year.
- Over four out of five, or about 40 million persons, will receive reimbursable physician services under Medicare or Medicaid this year.
- About 26 million persons will receive reimbursable outpatient hospital services under Medicare or Medicaid this year.

- About 1 million persons will receive care in SNFs covered by Medicare or Medicaid this year.
- Over 1 million persons will receive care in intermediate care facilities covered by Medicaid this year.
- Over 2.5 million persons will receive reimbursable HHA visits under Medicare or Medicaid this year.
- Over 18 million persons will receive prescribed drugs under Medicaid this year.

Populations

**Information about persons covered
by Medicare or Medicaid**



For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

Table 1
Medicare enrollment/trends

	Total persons	Aged persons	Disabled persons
In millions			
July			
1966	19.1	19.1	—
1970	20.5	20.5	—
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1985	31.1	28.2	2.9
1986	31.7	28.8	3.0
1987	32.4	29.4	3.0
1988	33.0	29.9	3.1
1989	33.6	30.4	3.2
1990	34.2	30.9	3.3
1991 ¹	35.0	31.6	3.4
1992 ¹	35.5	32.1	3.4

¹Estimated.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 2
Medicare enrollment/coverage

	HI and/or SMI	HI	SMI	HI and SMI	HI only	SMI only
In millions						
All persons	34.2	33.7	32.6	32.1	1.6	0.5
Aged persons	30.9	30.5	29.7	29.2	1.3	0.5
Disabled persons	3.3	3.3	2.9	2.9	0.3	(¹)

¹Number less than 50,000.

NOTES: Data as of July 1990. HI is hospital insurance. SMI is supplementary medical insurance.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 3
Medicare enrollment/demographics

	Total	Male	Female
	In thousands		
All persons	34,203	14,459	19,744
Aged	30,948	12,416	18,532
65-74 years	17,647	7,758	9,888
75-84 years	10,016	3,752	6,264
85 years and over	3,286	906	2,380
Disabled	3,255	2,043	1,212
Under 45 years	1,138	733	405
45-54 years	741	467	274
55-64 years	1,376	842	533
White	29,336	12,376	16,960
Other races	3,826	1,662	2,165
Unknown	1,041	422	877

NOTES: Data as of July 1990. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 4
Medicare enrollment/end stage renal disease trends

	HI and/or SMI	HI	SMI
July			
1980	66,741	66,254	64,896
1981	72,807	72,344	70,786
1982	76,117	75,707	73,705
1983	89,427	88,847	86,868
1984	97,780	97,080	94,620
1985	103,997	103,171	100,694
1986	120,060	118,946	116,093
1987	130,939	129,657	126,003
1988	141,300	139,958	135,687
1989	155,231	153,813	148,155
1990	172,078	170,629	163,708

NOTES: HI is hospital insurance. SMI is supplementary medical insurance.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 5
Medicare enrollment/end stage renal disease demographics

	Number of enrollees
All persons	172,078
Age	
Under 25 years	7,184
25-44 years	43,028
45-64 years	61,386
65 years and over	60,480
Sex	
Male	93,475
Female	78,603
Race	
White	103,744
Other	62,397
Unknown	5,937

NOTE: Data as of July 1990.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 6
Medicare/health maintenance organizations (HMOs)

	Pre-TEFRA HMOs ¹		Post-TEFRA HMOs ²	
	Number of plans	Enrollees in thousands	Number of plans	Enrollees in thousands
Total prepaid	154	1,076	166	2,018
HCPPs ³	46	612	40	596
Total HMOs	108	464	126	1,421
TEFRA risk	—	—	96	1,264
Old risk	4	37	0	0
Cost basis	65	117	26	141
Demonstrations	39	310	4	17

¹Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982; data as of March 1985.

²Data as of December 1990.

³Health care prepayment plans.

SOURCE: Health Care Financing Administration, Office of Prepaid Health Care: Data from the Division of Contract Administration.

Table 7
Medicare enrollment/HCFRA region

	Resident ¹ population	Medicare ² enrollees	Enrollees as percent of population
	In thousands		
All regions	252,424	33,936	13.4
Boston	13,207	1,889	14.3
New York	29,344	4,037	13.8
Philadelphia	25,917	3,693	14.2
Atlanta	44,708	6,578	14.7
Chicago	46,384	6,373	13.7
Dallas	28,218	3,376	12.0
Kansas City	11,950	1,839	15.4
Denver	7,605	895	11.8
San Francisco	35,825	4,046	11.3
Seattle	9,266	1,196	12.9

¹The population estimates shown here are based on the April 1, 1990 population as enumerated in the 1990 census.

²Medicare enrollment data are as of July 1, 1990.

³Includes enrollees with unknown State of residence, but excludes those living in foreign countries.

NOTES: Data for Guam are not available. Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System. U.S. Bureau of the Census, Population Division, Population Estimates Branch.

Table 8
Aged population/projected

	1995	2000	2025	2050	2075
	In millions				
65 years and over	34.0	35.2	59.7	70.3	75.5
75 years and over	11.1	12.3	18.3	23.2	25.7
85 years and over	3.7	4.3	6.4	14.5	16.0

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

Table 9
Life expectancy at age 65/trends

	Male	Female
Year	In years	
1965	12.9	16.3
1980	14.0	18.4
1985	14.4	18.6
1986	14.5	18.7
1987	14.6	18.7
1988	14.6	18.7
1989	15.2	18.9
1990	15.3	19.0
1991 ¹	15.4	19.0

¹Estimated.

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

Table 10
Elderly persons living below poverty level/trends

	Persons in millions	Percent
Year		
1966	5.1	28.5
1970	4.8	24.6
1980	3.9	15.7
1983	3.6	13.8
1984	3.3	12.4
1985	3.5	12.6
1986	3.5	12.4
1987	3.6	12.5
1988	3.5	12.0
1989	3.4	11.4

NOTES: Beginning in 1983, income estimates used for determining poverty level were based on improved measurement of interest income. Income estimates beginning 1987 are based on revised methodology.

SOURCE: U.S. Bureau of the Census: Money Income and Poverty Status in the United States: 1988. *Current Population Reports*. Series P-60 25, No. 1058. Washington. U.S. Government Printing Office, 1989.

Table 11
Medicaid recipients/trends

	Fiscal year					
	1975	1980	1985	1990	1991 ¹	1992 ¹
	In millions					
Total ²	22.0	21.6	21.8	25.5	27.3	28.9
Age 65 years and over	3.6	3.4	3.1	3.5	3.6	3.7
Blind/disabled	2.5	2.9	3.0	3.9	4.2	4.4
Dependent children						
under 21 years of age	9.6	9.3	9.8	11.2	11.9	12.5
Adults in families with						
dependent children	4.5	4.9	5.5	6.1	6.5	6.8
Other Title XIX	1.8	1.5	1.2	1.5	1.8	2.0

¹Estimated.

²Eligibility categories may not add to totals as some recipients are classified in more than one category during the year.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 12
Medicaid recipients/State buy-ins for Medicare

	1975	1980	1985	1990
	Number in thousands			
All buy-ins ¹	2,846	2,954	2,670	3,365
Aged	2,483	2,449	2,164	2,556
Disabled	363	504	505	808
	Percent of SMI enrollees ²			
All buy-ins	12.0	10.9	9.0	10.3
Aged	11.4	10.0	8.0	8.6
Disabled	18.7	18.9	19.2	27.5

¹Recipients for whom the State paid Medicare supplementary medical insurance (SMI) premium for month of July.

²Number of SMI enrollees includes those with unknown state of residence, but excludes those living in foreign countries.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Entitlement Requirements.

Table 13
Medicaid recipients/demographics

	Fiscal year 1990 Medicaid recipients in millions	Percent distribution
Total recipients	25.3	100.0
Age	25.3	100.0
Under 6 years	5.5	21.6
6-20 years	6.2	24.7
21-64 years	7.4	29.1
65 years and over	3.5	13.9
Unknown	2.7	10.6
Sex	25.3	100.0
Male	8.0	31.9
Female	14.5	57.3
Unknown	2.7	10.8
Race	25.3	100.0
White	10.8	42.8
Other	10.9	43.2
Unknown	3.5	14.0

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 14
Medicaid recipients/HCFR region

	Resident ¹ population	Medicaid ² recipients	Recipients as percent of population
	In thousands		
All regions	³ 248,759	25,255	10.2
Boston	13,207	1,196	9.1
New York	29,344	4,187	14.3
Philadelphia	25,917	2,272	8.8
Atlanta	44,708	4,436	9.9
Chicago	46,384	4,457	9.6
Dallas	28,218	2,695	9.6
Kansas City	11,950	1,001	8.4
Denver	7,605	487	6.4
San Francisco	³ 32,160	3,756	11.7
Seattle	9,266	768	8.3

¹The population estimates shown here are based on the April 1, 1990 population as enumerated in the 1990 census.

²Medicaid recipient data are as of fiscal year 1990.

³Excludes Arizona which operates a medical assistance program under a Section 1115 demonstration project.

NOTES: Data for Guam are not available. Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy; Data from the Division of Medicaid Statistics. U.S. Bureau of the Census, Population Division, Population Estimates Branch.

II

Providers /Suppliers

Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies



These data are distributed by major provider/supplier categories, by geographic region, and by type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

Table 15
Inpatient hospitals/trends

	1975	1980	1990	1991
Total hospitals	6,707	6,780	6,547	6,522
Beds in thousands	1,132	1,152	1,106	1,105
Beds per 1,000 enrollees	51.5	46.9	37.4	36.6
Short-stay	6,084	6,111	5,595	5,549
Beds in thousands	884	988	974	970
Beds per 1,000 enrollees	40.2	40.2	32.9	32.1
Psychiatric	358	408	656	674
Beds in thousands	207	136	97	99
Beds per 1,000 enrollees	9.4	5.5	3.3	3.3
Other long-stay	265	261	295	299
Beds in thousands	42	29	35	35
Beds per 1,000 enrollees	1.9	1.2	1.2	1.2

NOTES: Facility data as of January 1. Enrollment and facility data exclude foreign data. Rates based on number of aged hospital insurance enrollees. Rates for 1991 based on July 1, 1990 enrollment. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 16
Medicare assigned claims/HCFR region

	Net assignment rates		
	1980	1989	1990
All regions	51.5	79.7	81.1
Boston	67.4	90.4	91.6
New York	51.8	82.1	83.0
Philadelphia	61.6	85.4	86.4
Atlanta	52.3	80.6	82.5
Chicago	47.6	77.8	79.1
Dallas	50.3	76.1	77.6
Kansas City	40.4	71.6	72.6
Denver	39.5	64.6	65.4
San Francisco	53.2	81.8	83.3
Seattle	31.3	60.8	62.2

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 17**Hospitals and units/status under the prospective payment system**

Total hospitals	6,522
Hospitals under PPS	5,480
Hospitals receiving special consideration:	1,310
Regional referral centers ¹	260
Sole community hospitals ¹	536
Medicare dependent small rural hospitals	514
Non-PPS hospitals	1,042
Categorically exempt:	973
Psychiatric	674
All other non short-stay	299
Short-stay hospitals in waiver States or demonstrations	57
Short-stay hospitals in outlying areas	4
Cancer hospitals	8
Total excluded units	1,790
Psychiatric	1,115
Rehabilitation	675

¹Data as of January 1991.

NOTE: Data as of September 1990.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System; Bureau of Policy Development: Data from the Division of Alternative Reimbursement System and Division of Hospital Payment Policy; and the Health Standards and Quality Bureau: Data from the Division of Systems Management and Data Analysis.

Table 18
Long-term facilities/HCFA region

	Title XVIII and XVIII/XIX SNFs ¹	Title XIX-only SNFs	ICFs ²	IMRs ³
All regions	9,008	1,475	5,227	5,344
Boston	570	130	449	390
New York	795	87	51	916
Philadelphia	975	27	294	368
Atlanta	1,549	266	410	381
Chicago	2,053	362	1,288	1,791
Dallas	575	132	1,463	760
Kansas City	435	138	988	138
Denver	391	97	138	110
San Francisco	1,308	140	53	410
Seattle	357	96	93	80

¹Skilled nursing facilities.

²Intermediate care facilities.

³Institutions for mentally retarded.

NOTE: Data as of January 1991.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 19
Other Medicare providers and suppliers/trends

	1975	1980	1990	1991
Home health agencies	2,254	2,858	5,661	5,730
Independent laboratories	2,994	3,448	4,828	4,881
End stage renal disease facilities	—	975	1,987	2,072
Outpatient physical therapy	115	386	1,144	1,195
Portable X-ray	131	210	435	443
Rural health clinics	—	359	517	551
Comprehensive outpatient rehabilitation facilities	—	—	184	186
Ambulatory surgical centers	—	—	1,165	1,199
Hospices	—	—	772	825

NOTE: Data as of January.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 20
Selected facilities/type of control

	Short-stay hospitals	Skilled nursing facilities	Home health agencies
All facilities	5,549	9,008	5,730
	Percent of total		
Nonprofit	56.5	29.0	39.4
Proprietary	13.6	64.9	35.7
Government	29.9	6.1	24.9

NOTES: Data as of January 1991. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy; Data from the Medicare Statistical System.

Table 21
Periodic interim payment (PIP) facilities/trends

	1975	1980	1985	1990
Hospitals				
Number of PIP	1,524	2,276	3,242	1,352
Percent of total participating	22.5	33.8	48.3	20.6
Skilled nursing facilities				
Number of PIP	161	203	224	774
Percent of total participating	4.1	3.9	3.4	7.3
Home health agencies				
Number of PIP	86	481	931	1,211
Percent of total participating	3.8	16.0	16.0	21.0

NOTES: Data from 1985 to date are as of September; prior years are as of December. The Omnibus Budget Reconciliation Act of 1986 eliminated PIP for many inpatient hospitals.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 22
Non-Federal physicians active in patient care/trends

	1970		1980		1988	
	Number	Percent	Number	Percent	Number	Percent
Physicians	255,027	100.0	361,915	100.0	477,240	100.0
Specialties						
Medical	60,968	23.9	105,049	29.0	153,286	32.1
Surgical	75,991	29.8	103,312	28.5	126,981	26.6
Other	63,970	25.1	96,871	26.8	130,712	27.4
General practice	54,098	21.2	56,683	15.7	66,261	13.9

SOURCE: American Medical Association: *Physician Characteristics and Distribution in the U.S.* Chicago. 1989.

Table 23
Physicians/HCFAs region

	Non-Federal physicians active in patient care	Physicians per 100,000 population
All regions	477,240	193
Boston	32,384	251
New York	71,287	246
Philadelphia	55,746	218
Atlanta	72,586	167
Chicago	81,717	176
Dallas	44,015	156
Kansas City	19,323	161
Denver	12,720	168
San Francisco	71,750	214
Seattle	15,712	178

NOTES: Physicians as of December 1988. Civilian population as of July 1988.

SOURCE: American Medical Association: *Physician Characteristics and Distribution in the U.S.* Chicago. 1989.

Table 24
Inpatient hospitals/HCFR region

	Short-stay hospitals	Beds per 1,000 enrollees	Long-stay facilities	Beds per 1,000 enrollees
All regions	5,549	32.1	973	4.4
Boston	237	27.5	76	7.5
New York	400	30.9	72	7.8
Philadelphia	454	28.4	112	5.3
Atlanta	1,057	33.1	177	3.3
Chicago	978	35.1	140	3.2
Dallas	810	37.0	167	4.8
Kansas City	490	35.7	49	3.3
Denver	309	34.2	43	6.0
San Francisco	583	29.1	114	3.1
Seattle	231	23.9	23	2.7

NOTES: Data as of January 1991. Rates based on number of aged hospital insurance enrollees as of July 1, 1990.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.



III

Expenditures

Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA-related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

Table 25
HCFA and total Federal disbursements

	Fiscal year 1990 in billions
Gross national product (current dollars)	\$5,405.6
Total Federal budget ¹	1,251.7
Percent of gross national product	(23.2)
Department of Health and Human Services ¹	438.7
Percent of Federal budget	(35.0)
HCFA budget	
Medicare benefit payments ²	107.2
Medicaid medical assistance payments	39.0
HCFA program management ²	1.7
State and local administration/training	2.1
Other administrative expenses	0.6
Peer review organizations	0.2
Total (unadjusted)	150.8
Offsetting and proprietary receipts	-11.6
Total net of offsetting and proprietary receipts ¹	139.2
Percent of Federal budget	(11.1)

¹Includes off-budget entities, net of offsetting receipts.

²Includes Catastrophic Health Insurance in fiscal year 1990.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

Table 26
Program benefit payments/trends

	Total	Medicare	Medicaid ¹
	In billions		
Calendar year			
1980	\$60.9	\$35.7	\$25.2
1985	109.6	69.3	40.3
1988	142.0	89.7	52.3
1989	159.2	99.8	59.3

¹Total medical assistance payments, Federal and State expenditures combined.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Table 27
Benefit outlays by program

	1967	1968	1990	1991
Annually	In billions			
HCFA program outlays	\$5.1	\$8.4	\$176	\$199
Medicare	3.2	5.1	107	113
HI	2.5	3.7	63	69
SMI	0.7	1.4	41	45
CHI	—	—	3	—
Medicaid	1.9	3.3	69	86
Federal share	—	1.6	39	49
Monthly	In millions		In billions	
HCFA program outlays	\$423	\$702	\$14.7	\$16.6
Medicare	264	427	8.9	9.5
HI	209	311	5.3	5.7
SMI	55	116	3.5	3.7
CHI	—	—	0.2	—
Medicaid	158	275	5.7	7.1
Federal share	—	133	3.2	4.1
Hourly	In thousands		In millions	
HCFA program outlays	\$579	\$962	\$20.1	\$22.7
Medicare	362	585	12.2	13.0
HI	286	426	7.2	7.9
SMI	76	159	4.7	5.1
CHI	—	—	0.3	—
Medicaid	217	377	7.9	9.8
Federal share	—	183	4.5	5.6
Minutely	In thousands			
HCFA program outlays	\$10	\$16	\$335	\$379
Medicare	6	10	204	216
HI	5	7	120	131
SMI	1	3	79	85
CHI	—	—	5	—
Medicaid	4	6	131	163
Federal share	—	3	74	93

NOTES: Fiscal year data. HI is hospital insurance. SMI is supplementary medical insurance. CHI is Catastrophic Health Insurance. Data for 1991 are estimated. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

Table 28
Program benefit payments/HCFR region

	Medicare ¹	Medicaid	
		Computable ²	Net adjusted ³
		In millions	
All regions	\$107,363	\$69,031	\$39,130
Boston	6,115	5,493	2,855
New York	13,462	14,502	7,272
Philadelphia	13,088	6,192	3,418
Atlanta	19,990	10,080	6,666
Chicago	19,579	12,648	7,148
Dallas	10,824	6,098	4,078
Kansas City	5,106	2,419	1,446
Denver	2,329	1,413	908
San Francisco	13,854	8,121	4,142
Seattle	3,023	2,064	1,195

¹Distribution by region is estimated.

²Total medical assistance payments computable for Federal funding.

³Net adjusted Federal share.

⁴Excludes residence unknown and residents of foreign countries.

NOTES: Data as of fiscal year 1990. Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System; Office of Budget and Administration: Data from the Division of Budget; and the Medicaid Bureau: Data from the Division of Financial Management.

Table 29
National health care/projections

	Calendar year		
	1990	1995	2000
National total in billions	\$670.9	\$1,072.7	\$1,615.9
Percent of GNP	12.3	14.7	16.4
Per capita amount	\$2,585	\$3,944	\$5,712
Source of funds	Percent of total		
Private	58.0	55.2	53.2
Public	42.0	44.8	46.8
Federal	28.7	30.3	32.0
State/local	13.3	14.5	14.8

NOTE: GNP is gross national product.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Table 30
Medicare/trust fund projections

	Fiscal year		
	1990	1991	1992
	In billions		
HI benefit payments ¹	\$65.7	\$68.9	76.2
Aged	58.9	61.7	68.2
Disabled	6.8	7.2	8.0
SMI benefit payments	41.5	44.5	50.6
Aged	36.8	40.1	45.6
Disabled	4.7	4.5	5.0

¹Includes HI catastrophic benefit payments in fiscal year 1990.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

Table 31
Medicare/type of benefit

	Fiscal year 1990 benefit payments in millions ¹	Percent distribution
Total HI ²	\$65,722	100.0
Inpatient hospital	58,800	89.5
Skilled nursing facility	3,202	4.9
Home health agency	3,400	5.2
Hospice	320	0.5
Total SMI ²	41,450	100.0
Physician/other suppliers	28,955	69.9
Outpatient hospital	8,368	20.2
Home health agency	73	0.2
Group practice prepayment	2,649	6.4
Independent laboratory	1,405	3.4

¹Includes the effect of regulatory items and recent legislation but not proposed law. Includes HI catastrophic benefits in fiscal year 1990.

²Excludes peer review organization (PRO) expenditures.

NOTES: HI is hospital insurance. SMI is supplementary medical insurance. Numbers may not add to totals because of rounding. Benefits by type of service are estimated and are subject to change.

SOURCE: Health Care Financing Administration, Office of the Budget and Administration: Data from the Division of Budget.

Table 32
Medicaid/type of service

	Fiscal year	
	1989	1990
	In billions	
Total vendor payments	\$54.4	\$64.9
	Percent of total	
Inpatient services	27.3	28.3
General hospitals	24.6	25.7
Mental hospitals	2.7	2.6
Skilled nursing facility services	12.2	12.4
Intermediate care facility services	28.5	26.2
Mentally retarded	12.2	11.3
All other	16.3	14.9
Physician services	6.3	6.2
Dental services	0.9	0.9
Other practitioner services	0.6	0.6
Outpatient hospital services	5.2	5.1
Clinic services	2.3	2.6
Laboratory and radiological services	1.1	1.1
Home health services	4.7	5.2
Prescribed drugs	6.8	6.8
Family planning services	0.4	0.4
Early and periodic screening	0.3	0.3
Rural health clinic services	(¹)	0.1
Other care	3.5	3.7

¹Less than 0.05 percent.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 33
Medicaid/basis of eligibility

	Fiscal year 1990 vendor payments in millions	Percent distribution
Total	\$64,859	100.0
Age 65 years and over	21,508	33.2
Blind/disabled	24,404	37.6
Dependent children		
under 21 years of age	9,100	14.0
Adults in families with dependent children	8,590	13.2
Other Title XIX	1,051	1.6

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 34
National health care/trends

	Calendar year			
	1965	1980	1985	1989
National total in billions	\$41.9	\$248.1	\$420.1	\$604.1
Percent of GNP	5.9	9.1	10.5	11.6
Per capita amount	\$206	\$1,055	\$1,700	\$2,354
Source of funds	Percent of total			
Private	73.8	57.6	58.4	58.1
Public	26.2	42.4	41.6	41.9
Federal	13.2	28.6	29.4	28.9
State/local	13.0	13.8	12.2	13.0

NOTE: GNP is gross national product.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Table 35
National health care/type of expenditure

	National total in billions	Per capita amount	Percent paid	
			Medicare	Medicaid
Total	\$604.1	\$2,354	16.9	10.3
Health services				
and supplies	583.5	2,274	17.5	10.7
Personal health care	530.7	2,068	18.8	11.2
Hospital care	232.8	907	26.7	9.8
Physicians' services	117.6	458	23.4	3.6
Nursing home care	47.9	187	7.5	43.1
Other personal care	132.4	516	5.0	8.7
Other services and				
supplies	52.8	206	4.3	5.9
Research and				
construction	20.6	80	—	—

NOTE: Data as of calendar year 1989.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

Table 36
Personal health care/payment source

	Calendar year			
	1970	1980	1985	1989
	In billions			
Total	\$64.9	\$218.3	\$367.2	\$530.7
	Percent			
Total	100.0	100.0	100.0	100.0
Private	65.4	60.1	59.5	59.4
Out-of-pocket	39.5	26.8	25.0	23.5
Other private	26.0	33.4	34.5	35.9
Public	34.6	39.9	40.5	40.6
Medicare	11.1	16.7	19.1	18.8
Medicaid	7.8	11.4	10.8	11.2
Other public	12.0	10.8	10.0	10.7

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Health Statistics.

IV

Utilization

Information about the use of health
care services



Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care usage include: persons served, units of service (e.g., discharges, days of care, etc.), and dimensions of the services rendered (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, provider characteristics, type of service, and demographic and geographic variables.

Table 37
Medicare inpatient hospital admissions/trends

Fiscal year	Estimated inpatient hospital admissions and transfers	
	Number in thousands	Rate per 1,000 enrollees
1981	11,042	393
1982	11,376	398
1983	11,684	402
1984	11,546	390
1985	10,871	362
1986	10,590	345
1987	10,369	331
1988	10,380	326
1989	10,345	319
1990	10,535	319

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System and the Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 38
Medicare long-term care/trends

Calendar year	Skilled nursing facilities		Home health agencies	
	Persons served in thousands	Served per 1,000 enrollees	Persons served in thousands	Served per 1,000 enrollees
1981	251	9	1,005	35
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	¹ 636	¹ 19	1,721	51

¹Increased utilization coincident with changes enacted under the Medicare Catastrophic Coverage Act of 1988.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 39
Medicare average length of stay/trends

	Fiscal year					
	1983	1984	1985	1988	1989	1990
Total short-stay hospitals	10.0	9.1	8.7	8.9	8.9	8.8
PPS only	—	8.0	7.9	² 8.6	³ 8.5	8.4
Non-PPS ¹	10.0	10.1	12.5	13.1	12.5	12.4
Excluded units	—	18.0	18.8	19.7	19.7	19.4

¹Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

²Short-stay hospitals in Puerto Rico transitioned into PPS beginning October 1, 1987. The Rochester, New York demonstration terminated December 31, 1987. Hospitals covered by that demonstration were covered by PPS after that date.

³Short-stay hospitals in New Jersey transitioned into PPS on January 1, 1989.

NOTES: Short-stay hospitals in Massachusetts transitioned into PPS beginning September 1985 based on each provider's fiscal year start date. Short-stay hospitals in New York transitioned into PPS on January 1, 1986.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 40
Medicare persons served/trends

	Calendar year				
	1967	1975	1980	1985	1989 ¹
Aged persons served per 1,000 enrollees					
HI and/or SMI	367	528	638	722	785
HI	203	221	240	219	206
SMI	365	536	652	739	813
Disabled persons served per 1,000 enrollees					
HI and/or SMI	—	450	594	669	722
HI	—	219	246	228	209
SMI	—	471	634	715	785

¹Estimated based on July 1 enrollment. Rates may differ from estimates using risk-based enrollment.

NOTES: HI is hospital insurance. SMI is supplementary medical insurance. Persons are those for whom Medicare Trust Fund payments were made.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 41
Medicare persons served/projections

		Fiscal year				
		1990	1991	1992	1993	1994
		In millions				
HI						
Aged						
	Enrollees	29.8	30.4	31.0	31.5	32.0
	Persons served	6.3	6.3	6.5	6.7	6.8
Disabled						
	Enrollees	3.3	3.3	3.4	3.5	3.6
	Persons served	0.7	0.7	0.7	0.7	0.8
SMI						
Aged						
	Enrollees	29.4	29.9	30.3	30.8	31.2
	Persons served	23.8	24.1	24.5	25.0	25.6
Disabled						
	Enrollees	2.9	3.0	3.1	3.1	3.2
	Persons served	2.2	2.2	2.3	2.4	2.4

NOTES: HI is hospital insurance. SMI is supplementary medical insurance. Enrollment represents actuarial estimates of average monthly enrollment during the fiscal year for residents of Social Security areas.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 42
Medicare persons served/HCFA region

	Aged persons served in thousands	Served per 1,000 enrollees	Disabled persons served in thousands	Served per 1,000 enrollees
All regions ¹	23,860	791	2,287	724
Boston	1,396	815	114	749
New York	2,830	787	273	676
Philadelphia	2,724	828	250	748
Atlanta	4,663	813	513	767
Chicago	4,522	796	431	727
Dallas	2,380	798	228	708
Kansas City	1,350	809	109	741
Denver	609	763	50	676
San Francisco	² 2,585	718	250	731
Seattle	799	748	68	704

¹Excludes residents of foreign countries.

²Data for American Samoa is not available.

NOTES: Data as of calendar year 1989 for persons served under hospital insurance and/or supplementary medical insurance. Based on utilization for fee-for-service and excludes utilization under alternative payment systems such as health maintenance organizations.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 43
Medicare/end stage renal disease (ESRD)

	Calendar year	
	1989	1990
Total enrollees ¹	155,231	172,078
Dialysis patients ²	116,169	129,800
In-center	95,948	107,160
Home	20,221	22,640
Transplants performed ³	8,899	9,796
Living donor	1,893	2,091
Cadaveric donor	7,006	7,705
Average dialysis payment rate		
Hospital-based facilities	\$129	\$129
Freestanding facilities	\$125	\$125

¹Medicare ESRD enrollees as of July 1.

²Includes Medicare and non-Medicare patients receiving dialysis as of December 31.

³Includes kidney transplants for Medicare and non-Medicare patients.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System and the Bureau of Policy Development: Data from the Division of Dialysis and Transplant Payment Policy.

Table 44
Medicaid/type of service

	Fiscal year 1990 Medicaid recipients in thousands
Total	25,255
Inpatient services	
General hospitals	4,593
Mental hospitals	92
Skilled nursing facility services	601
Intermediate care facility services	
Mentally retarded	147
All other	860
Physician services	17,078
Dental services	4,552
Other practitioner services	3,873
Outpatient hospital services	12,370
Clinic services	2,804
Laboratory and radiological services	8,959
Home health services	719
Prescribed drugs	17,294
Family planning services	1,752
Early and periodic screening	2,952
Rural health clinic services	224
Other care	5,126

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 45
Medicaid/units of service

	Fiscal year 1990 units in thousands
General hospital	
Total discharges	3,932
Recipients discharged	2,758
Total days of care	22,059
Skilled nursing facility	
Total recipients	586
Total days of care	125,591
Intermediate care facility/mentally retarded	
Total recipients	138
Total days of care	46,509
Intermediate care facility/all other	
Total recipients	771
Total days of care	212,526
Physician visits	107,691
Rural health clinic visits	709
Home health service visits	61,531
Drug prescriptions	238,501

NOTE: Based on reporting States.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Administrative /Operating

Information on activities and services related to oversight of the day-to-day operations of HCFA programs



Included are data on Medicare contractors, contractor activities and performance, HCFA and State agency administrative costs, quality control, and summaries of the operation of the Medicare trust funds.

Table 46
Medicare administrative expenses/trends

	Administrative expenses	
	Amount in millions	As a percent of benefit payments
HI Trust Fund		
1970	\$149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
1990	774	1.2
SMI Trust Fund		
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,450	3.9
1990	1,524	3.7

NOTES: Fiscal year data. HI is hospital insurance. SMI is supplementary medical insurance.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Table 47
Medicare/contractors

	Intermediaries	Carriers
Blue Cross/Blue Shield	41	26
Other	7	8

NOTES: Data as of January 1991. Reference to intermediaries as Part A has been dropped in recognition of the fact that intermediaries also service Part B institutional bills.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Contracts.

Table 48
Medicare/appeals

	Intermediary reconsiderations	Carrier reviews
Number received	27,717	6,954,610
Percent reversal rate ¹	52.1	65.8

¹Excludes withdrawals and dismissals.

NOTE: Data as of fiscal year 1990.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 49
Medicare/claims processing costs

	Net unit cost per claim			
	1975	1980	1985	1990
Intermediaries	\$3.84	\$2.96	\$2.33	\$1.84
Carriers	2.90	2.33	1.88	1.56

NOTE: Fiscal year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Contractor Financial Management.

Table 50
Medicare/claims processing

	Intermediaries	Carriers
Claims processed in millions	83.2	453.9
Total costs in millions	\$430.0	\$920.1
Claims processing costs in millions	\$149.9	\$692.8
Claims processing unit costs	\$1.71	\$1.17
Range		
High	\$2.09	\$1.76
Low	\$1.34	\$0.93

NOTE: Data as of fiscal year 1990.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Contractor Financial Management.

Table 51
Medicare/claims received

	Claims received
Intermediary claims	
received in thousands	85,868
	Percent of total
Inpatient hospital	13.9
Outpatient hospital	64.6
Home health agency	8.3
Skilled nursing facility	2.0
Other	11.2
Carrier claims received in thousands	474,226
	Percent of total
Assigned	81.1
Unassigned	18.9

NOTE: Data as of calendar year 1990.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 52
Medicare/reasonable charge reductions

	Assigned	Unassigned
Claims approved		
Number in thousands	341,220	77,776
Percent reduced	87.5	90.4
Total covered charges		
Amount in millions	\$51,012	\$8,789
Percent reduced	32.9	25.3
Amount reduced per claim	\$49.17	\$28.59

NOTE: Data as of calendar year 1990.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 53
Medicaid/administration¹

	Fiscal year	
	1989	1990 ²
	In thousands	
Total payments computable for Federal funding	\$2,903,928	\$3,536,228
Federal share of current expenditures:		
Family planning	9,123	10,297
Design, development or installation of MMIS ³	31,019	29,695
Skilled professional medical personnel	106,803	127,144
Operation of an approved MMIS ³	402,192	425,275
Other financial participation	970,435	1,222,046
Mechanized systems not approved under MMIS ³	16,150	20,330
Total administration	1,535,722	1,834,787
Net adjusted Federal share	⁴ 1,653,460	N/A

¹The effect of section 2161 of the Omnibus Budget Reconciliation Act of 1981 is not included in this schedule.

²State estimates as submitted November 1990. Net adjusted Federal share includes cash-flow adjustments.

³Medicaid Management Information System.

⁴Includes Federal share of current expenditures plus State reported and Health Care Financing Administration adjustments.

NOTE: N/A indicates data are not available

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Financial Management.

Table 54
Quality control/Medicare Part B carriers

	Average carrier error rate			
	1977	1985	1989 ¹	1990 ¹
Occurrence ²	8.7	6.4	6.0	6.1
Assigned	8.3	5.7	—	—
Unassigned	9.2	7.7	—	—
High	—	—	—	8.7
Medium	—	—	—	8.0
Low	—	—	—	5.5
Payment/deductible ³	1.9	1.8	1.2	1.2
Assigned	1.8	1.7	—	—
Unassigned	2.0	1.8	—	—
High	—	—	—	1.1
Medium	—	—	—	1.4
Low	—	—	—	1.2

¹As of July 1, 1989, under the revised Part B Quality Assurance System, the assigned and unassigned divisions have been eliminated. The sample is now divided into three groups, using the amount of submitted charges (high, medium, and low).

² Claims processing errors per 100 line items.

³ Dollar error per \$100 of submitted charges without nonreview penalty.

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Performance Evaluation.

Table 55
Quality control/Medicaid

Fiscal year	Eligibility national average error rate ¹ in percent of dollars
1980	5.1
1985	2.7
1986	2.5
1987	2.3
1988	2.2
1989 ²	2.0
1990 ²	2.0

¹Excludes Supplemental Security Income determinations.

²Estimated.

NOTE: Beginning in 1982, the Tax Equity and Fiscal Responsibility Act of 1982 mandated the exclusion of certain errors from the Medicaid Quality Control System, thereby lowering error rates.

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Program Performance.

Reference

Selected reference material including cost-sharing features of the Medicare program, program financing, and Medicaid Federal medical assistance percentages



Program financing

Medicare/source of income

Hospital insurance trust fund:

1. Payroll taxes*
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

*Contribution rate	1990	1991	1992
		Percent	
Employees and employers, each	1.45	1.45	1.45
Self-employed	2.90	2.90	2.90

Calendar year 1991 maximum taxable base: \$125,000

Supplementary medical insurance trust fund:

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Medicaid/financing

1. Federal contributions (ranging from 50 to 80 percent for fiscal year 1992)
2. State contributions (ranging from 20 to 50 percent for fiscal year 1992)

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare and Medicaid Cost Estimates.

Medicare deductible and coinsurance amounts

Part A (effective date)	Amount
Inpatient hospital deductible (1/1/91)	\$628/benefit period
Regular coinsurance days (1/1/91)	\$157/day for 61st thru 90th day
Lifetime reserve days (1/1/91)	\$314/day (60 nonrenewable days)
SNF coinsurance days (1/1/91)	\$78.50/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary hospital insurance premium (1/1/91)	\$177/month

Limitations:

Inpatient psychiatric hospital days	190 nonrenewable days
-------------------------------------	-----------------------

Part B (effective date)	Amount
Deductible (1/1/91)	\$100 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance	20 percent of reasonable charges
Premium (1/1/91)	\$29.90/month

Limitations:

Outpatient treatment for mental illness	No limitations
Licensed physical therapist's services in home or office (1/1/91)	\$750 maximum annual program payment

SOURCE: Health Care Financing Administration, Office of Legislation and Policy: Data from the Division of Legislation.

Geographical jurisdictions of HCFA regional offices and Federal medical assistance percentages (FMAP) fiscal year 1991

I. Boston		FMAP	II. New York		FMAP
Connecticut		50	New Jersey		50
Maine		63	New York		50
Massachusetts		50	Puerto Rico		50
New Hampshire		50	Virgin Islands		50
Rhode Island		54	Canada		—
Vermont		62			
III. Philadelphia			IV. Atlanta		
Delaware		50	Alabama		73
District of Columbia		50	Florida		54
Maryland		50	Georgia		61
Pennsylvania		57	Kentucky		73
Virginia		50	Mississippi		80
West Virginia		77	North Carolina		67
			South Carolina		73
			Tennessee		69
V. Chicago			VI. Dallas		
Illinois		50	Arkansas		75
Indiana		63	Louisiana		74
Michigan		54	New Mexico		73
Minnesota		53	Oklahoma		70
Ohio		60	Texas		64
Wisconsin		60			
VII. Kansas City			VIII. Denver		
Iowa		63	Colorado		54
Kansas		57	Montana		72
Missouri		60	North Dakota		70
Nebraska		63	South Dakota		72
			Utah		75
IX. San Francisco			Wyoming		68
Arizona		62			
California		50	X. Seattle		
Hawaii		54	Alaska		50
Nevada		50	Idaho		74
American Samoa		50	Washington		54
Guam		50			
N. Mariana Islands		50			
Mexico		—			

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Financial Management.



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